



TP Please type or print in ink.

DECLINE COVER PAGE
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2011 JAN -7 PM 1:00

NAME (LAST) (FIRST) (MIDDLE)
BABB STEPHEN RICHARD
MAILING ADDRESS STREET CITY STATE ZIP CODE

1. Office, Agency, or Court

Name of Office, Agency, or Court:
CITY OF HEALDSBURG
Division, Board, District, if applicable:
Your Position:
COUNCIL MEMBER
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency: _____
Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State
☐ County of _____
☒ City of **HEALDSBURG**
☐ Multi-County _____
☐ Other _____

3. Type of Statement (Check at least one box)

☒ Assuming Office/Initial Date: **12/06/10**
☐ Annual: The period covered is January 1, 2009, through December 31, 2009.
-OR-
☐ The period covered is ____/____/____, through December 31, 2009.
☐ Leaving Office Date Left: ____/____/____ (Check one)
☐ The period covered is January 1, 2009, through the date of leaving office.
-OR-
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: **2**
► Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)
Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)
Schedule B ☒ Yes – schedule attached
Real Property
Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D ☐ Yes – schedule attached
Income – Gifts
Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments
-OR-
☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed **12/09/10**

Signature

Name _____

SCHEDULE B **Interests in Real Property** (Including Rental Income)

STREET ADDRESS OR PRECISE LOCATION

413 SUNNYVALE DR
 CITY HEALDSBURG CA 95448

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

STREET ADDRESS OR PRECISE LOCATION

CITY _____

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

GMAC

ADDRESS (Business Address Acceptable)

P.O. Box 79135

BUSINESS ACTIVITY, IF ANY, OF LENDER

PHOENIX, AZ 85062-9135

INTEREST RATE

6.25% ☐ None

TERM (Months/Years)

30 yr

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____